

Work Order ID 102216

102216

Page 1

May-27-13 12:41:29 PM

Item ID: D4095-049



Accept

N900040100

Setup

p Start

NS1

Revision ID:

Item Name: Wearpad Assembly

Start Date: 6/14/13 **Start Qty:** 4.00

4

Cust Item ID:

Required Date: 6/14/13 **Req'd Qty:** 4.00

A

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 13-05-30

Tooling:

Date:

Run Start

NR1

QC:

Date:

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D4095	B								
100		0.00							
100	FLOW WATER JET								25 JMK 13-6-9
Waterjet	Memo	0.00							
FLOW CNC Waterjet	1-Cut as per Dwg (D4095-9)								
304,063	Dwg Rev: <u>3</u>								
	Prog Rev: <u>B</u>								
	2-Deburr if necessary								
110	QC2- Inspect parts off machine FAI/FAIB	0.00							
110									25 JMK 13-6-9
QC	Memo	0.00							
Quality Control									
120	QC8- Inspect parts - second check	0.00	DAS						
120			16						
QC	Memo	0.00	9-89						
Quality Control			13/06/10						
				(out)					

NCR: Yes / No

DQA: Date:

WORK ORDER NON-COMPLIANCE / UPDATE

QA Closed: _____ **Date:** _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Part No. _____ NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	Bend	Grain	Ovalized	Pressure/Forced							
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure							
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect								
Crushed/Crimped	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Weld							
Cuffs	Contamination	Maintenance	Part Moved	Wrong Stock Pulled							
Heat Treat	Countersink	Mislabeled	Positioned Wrong								
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge	Other							
Ripples in Bend	Drill Holes	Offset									
Torque Waves in Extrusion	Drawing	Out of Calibration									
Turning Sequence	Finish	Out of Sequence									
Wave/Twist in Tube	Folio	Outside Dimensions									

Work Order ID 102216***102216***

Page 2

May-27-13 12:41:29 PM

Item ID: D4095-049

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Wearpad Assembly

Stop

NS2

Start Date: 6/14/13 Start Qty: 4.00

4

Cust Item ID:

Required Date: 6/14/13 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

130

Form as per dwg
NC BRAKE

0.00

25

S
13/06/11***130***

Brake NC

Memo

0.00

Brake NC

140

QC5- Inspect part completeness to step on W/O

0.00

DAS
16
9-89

13/06/11

140

QC

Memo

0.00

Quality Control

(X25)

(cont)

150

Weld per dwg A/R Hardcoat S.S. Batch:

M124597

0.00

150

Large Fab

Memo

0.00

Large Fab

25

13/06/26

JUL

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS								
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
			Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
					Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
					Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID: 102216***102216***

Page 3

May-27-13 12:41:29 PM

Item ID: D4095-049

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Wearpad Assembly

Stop

NS2

Start Date: 6/14/13 Start Qty: 4.00

4

Cust Item ID:

Required Date: 6/14/13 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

160

QC10- Inspect visual per QSI004- ground welds

0.00

AS

27
B626

2S

160

QC

Quality Control

170

QC5- Inspect part completeness to step on W/O

0.00

AS

27
B626

2S

170

QC

Quality Control

180

0.00

180

HandFinish

Hand Finishing

Memo

0.00

COAT ENTIRE TOP (CONCAVE) SURFACE WITH ROCKGUARD AS PER

DWG

A/R ROCKGUARD BATCH: 125382

25 0 0 13-7-6

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube					General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
					<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>						
					<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/> <hr/>						
					<input type="checkbox"/> Other						

Work Order ID 102216***102216***

Page 4

May-27-13 12:41:29 PM

Item ID: D4095-049

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Wearpad Assembly

Stop

NS2

Start Date: 6/14/13 Start Qty: 4.00

4

Cust Item ID:

Required Date: 6/14/13 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

190

QC3- Inspect Part Finish

0.00

190

QC

Quality Control

AS
21
6

25

200

Identify as per dwg & Stock Location: FL002 0.00

0.00

200

Packaging

Packaging

B.7.8

25 d 6 B78-

210

QC21- Final Inspection - Work Order Release

0.00

210

QC

Quality Control

0.00

13/7/84

MF
13-7-8

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order:		DISPOSITION			AGAINST DEPARTMENT/PROCESS						
Part No. _____		Rework	<input type="checkbox"/>	Skid-tube	<input type="checkbox"/>	Crosstube	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	Engineering	<input type="checkbox"/>
NCR No. _____		Scrap	<input type="checkbox"/>	Machining	<input type="checkbox"/>	Small Fab	<input type="checkbox"/>	Prod. Eng. Coor.	<input type="checkbox"/>	Quality	<input type="checkbox"/>
		Use-as-is	<input type="checkbox"/>	Thermoforming	<input type="checkbox"/>	Finishing	<input type="checkbox"/>	Rec/Store/Packaging	<input type="checkbox"/>	Other	<input type="checkbox"/>
		Work Order Update	<input type="checkbox"/>	Large Fab	<input type="checkbox"/>	Composite	<input type="checkbox"/>	Supplier	<input type="checkbox"/>		
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced	<input type="checkbox"/>			
	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure	<input type="checkbox"/>			
	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld	<input type="checkbox"/>			
	Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled	<input type="checkbox"/>			
	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>		<input type="checkbox"/>			
	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>		<input type="checkbox"/>			
	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>		<input type="checkbox"/>			
	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>			
	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
					Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>			
						<input type="checkbox"/>		<input type="checkbox"/>			
						<input type="checkbox"/>		<input type="checkbox"/>			

Picklist Print

May-27-13 12:41:29 PM

Page 1

Work Order ID: 102216

Parent Item: D4095-049

Parent Item Name: Wearpad Assembly

Start Date: 6/14/13

Required Date: 6/14/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP rev.A 11.11.07 new issue EC verified by:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304S16GA 304/316 Sheet .063		Purchased	No				sf	446.0842		0.428		Jm EZ 13-6-9	

Location	Loc Qty	Loc Code
MAT020	446.0841688	
122245	0.1713688	
123136	140.8	
124428	23.61	
124572	25.5028	
<u>125599</u>	256	<u>3.3</u>

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

OA Closed: Date:

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crostube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced			
Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure			
Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld			
Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled			
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>				
Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>				
Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>				
Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>				
Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>				
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>				
Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>				

DART AEROSPACE LTD	Work Order:	102216
Description: Wearpad	Part Number:	D4095-9
Inspection Dwg: D4095 Rev: B		Page 1 of 1

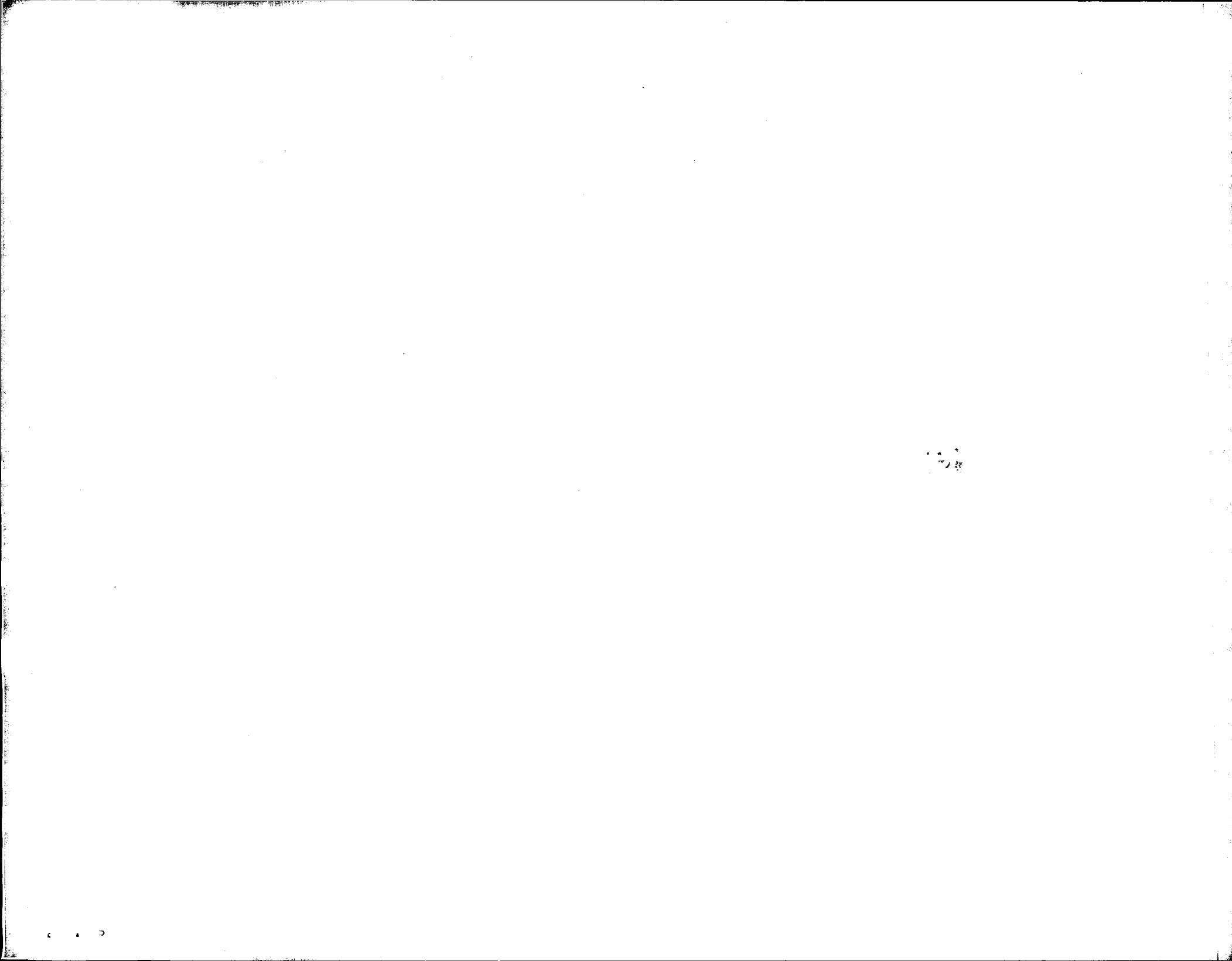
FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	El Jm
Date:	13-6-9

Audited by: DAS
Date: 16/06/10

Preliminary Approval:	
Date:	

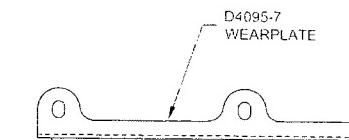
Rev	Date	Change	Revised by	Approved
A	11.11.08	New Issue P/O D4095-049	KJ	AS



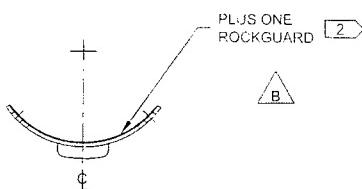
6 1 7 1 6 1 5 1 4 1 3 1 2 1 1

D

D



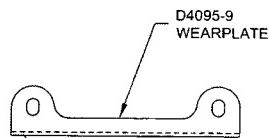
D4095-047 WEAR PAD ASSEMBLY



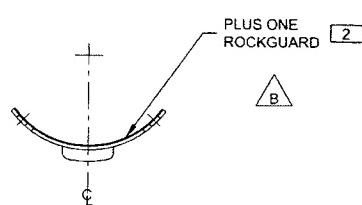
102216 MCJ
13-05-30

C

C

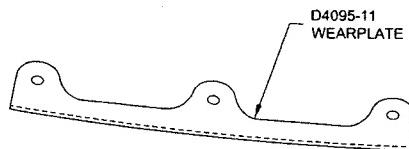


D4095-049 WEAR PAD ASSEMBLY

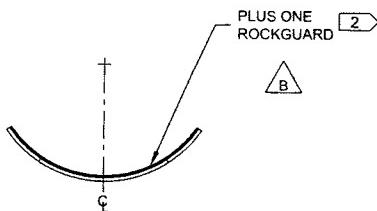


B

B



D4095-051 WEARPAD ASSEMBLY



RELEASED
2011-10-31
WU

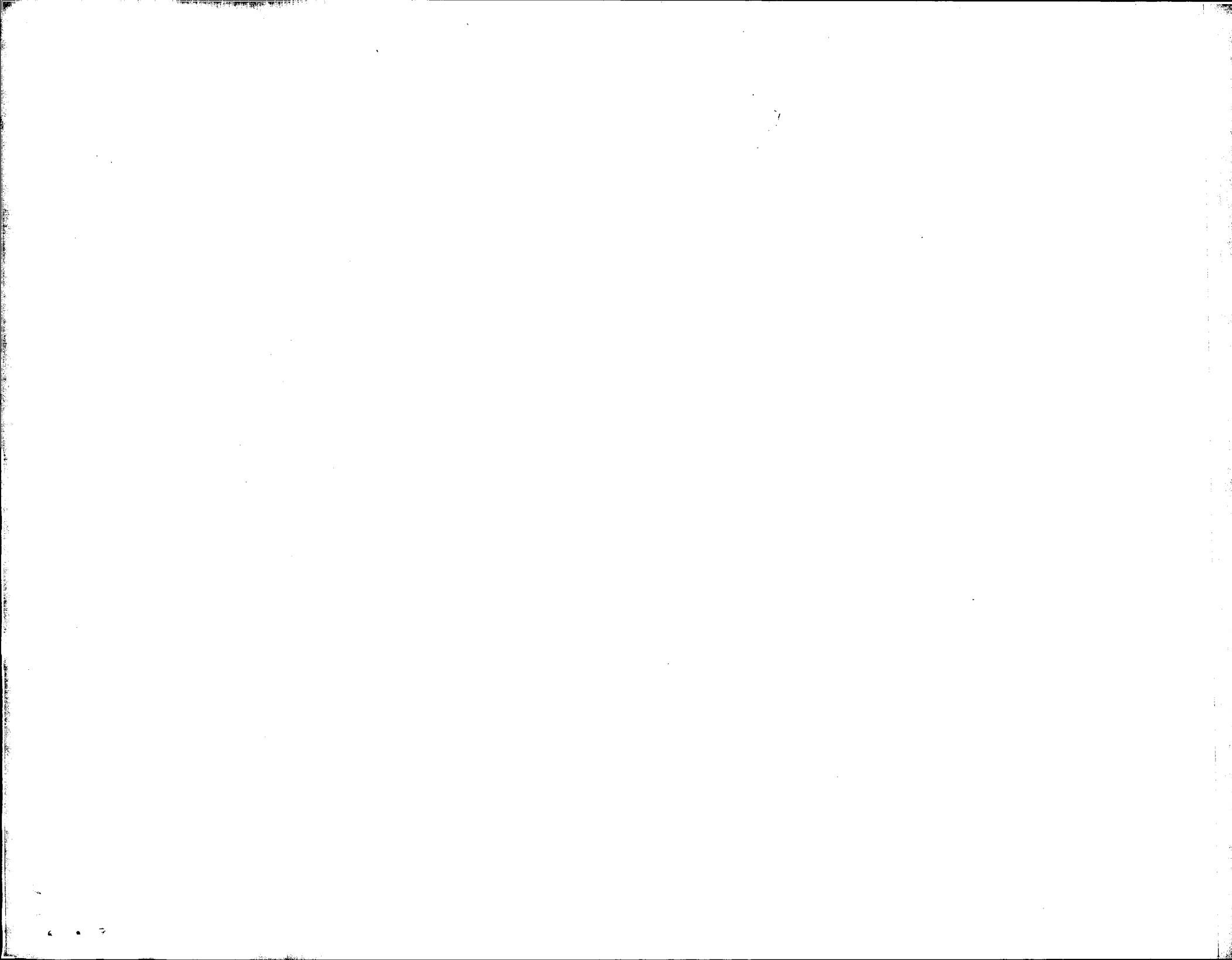
A

A

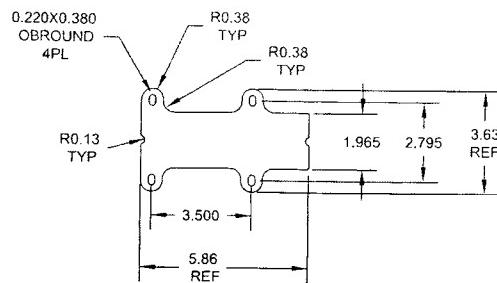
8 1 7 1 6 1 5 1 4 1 3 1 2 1 1

DESIGN	J	DART AEROSPACE USA, INC
DRAWN	XDF	KENT, WA
CHECKED	NO	DRAWING NO.
MFG. APPR.	NO	REV. B
APPROVED	NO	SHEET 2 OF 8
DE APPR.	NO	TITLE
DATE	11.10.18	SCALE
		WEARPLATE
		NTS

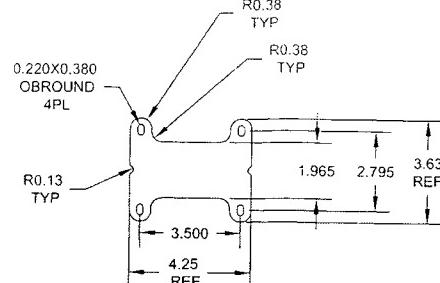
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WRITTEN PERMISSION FROM DART AEROSPACE LTD.



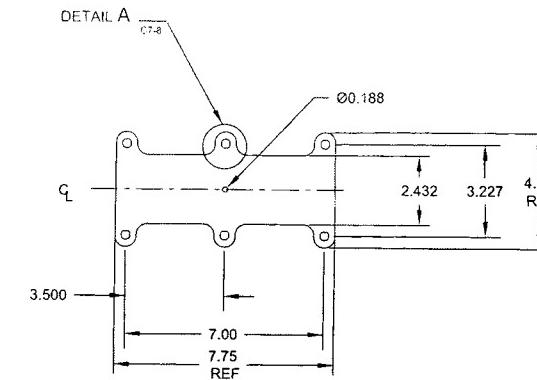
102216



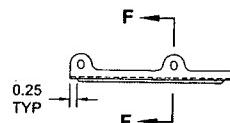
D4095-7F FLAT PATTERN



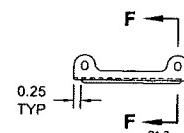
D4095-9F FLAT PATTERN



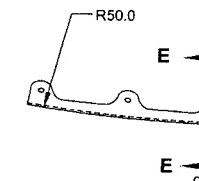
D4095-11F FLAT PATTERN



D4095-7 LONGITUDINAL BEND
(MADE FROM D4095-7F)



D4095-9 LONGITUDINAL BEND
(MADE FROM D4095-9F)

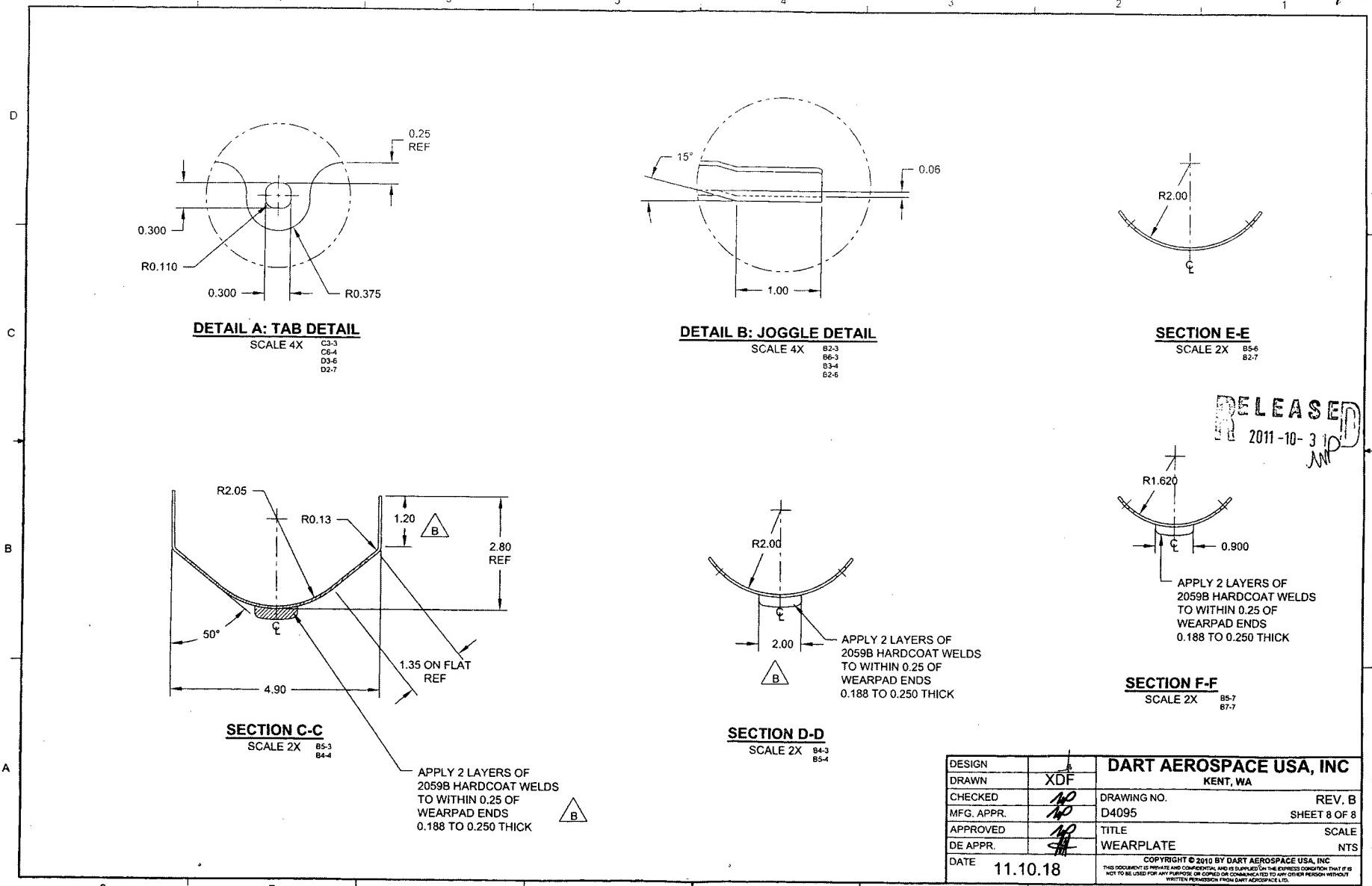


D4095-11 BENDING DETAIL
(MAKE FROM D4095-11F)

2011-10-31
MM

DESIGN	XDF	DART AEROSPACE USA, INC KENT, WA
DRAWN	✓	DRAWING NO. D4095
CHECKED	✓	REV. B SHEET 7 OF 8
MFG. APPR.	✓	TITLE WEARPLATE
APPROVED	✓	SCALE NTS
DE APPR.	✓	
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